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APPLICANTS								
Wolfgang Daum, Groton, MA;								
Axel Winkel, Schwerin, GERMANY;								
** CONTINUING DATA **********************************								
** FOREIGN APPLICATIONS ************************************								
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/30/2003								
Foreign Priority claimed yes no STATE OR SH						TOTAL		INDEPENDENT
d 1					AWING 11	CLAIMS 12		CLAIMS 1
ADDRESS 23557 SALIWANCHIK LLOYD & SALIWANCHIK A PROFESSIONAL ASSOCIATION PO BOX 142950 GAINESVILLE , FL 32614-2950								
TITLE Navigation of medical instrument								
	FEES: Authority has been given in Paper				☐ All Fees			
FILING FEE F					□ 1.16 Fees (Filing) □ 1.17 Fees (Processing Ext. of time)			
No to charge/credit DEPOSIT ACCOUNT RECEIVED No for following: 450					1.18 Fees (Issue)			
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